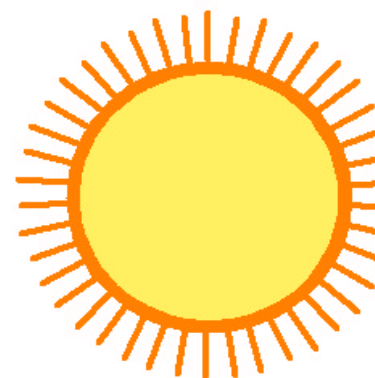


MONTGOMERY COUNTY DEPARTMENT OF RECREATION SUMMER FUN CENTER



GOOD HOPE COMMUNITY CENTER
14715 Good Hope Road, Silver Spring, MD

Come join us for well planned, supervised and COOL activities on HOT summer days. Whether you hang out with friends or make new ones, we'll keep things hopping with creative and fun crafts, games, drama, music and special events. You can come everyday or just when you feel like it but every day will be packed with summer fun for kids like YOU!

No transportation provided and no offsite trips are scheduled, but this is still the best deal in town.



AGES 5-12

***5 year olds MUST be entering first grade**

TIME: 9:00am-4:00pm

DATES: June 28 to August 6, 2010

COST: \$240 per child

COURSE #268909

***Program does not meet on Monday, July 5th**

Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated.

PAYER'S: Last Name _____ First Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
 (if under 18 years) Mother's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____
 Father's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

| Participant's Name (last, first) | Birthdate mm/dd/yy | Sex m/f | School Attending | Grade | Activity Name | Course Number | Location | Start Date | Start Time | Fees* |
|-------------------------------------|-----------------------|------------|---------------------|-------|---------------|------------------|----------|---------------|---------------|-------|
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*If you are a non-resident, include an additional \$15.00 per participant in the fee for each activity.

☐ Check or Money Order payable to MCRD, Attn: Registrar, 4010 Randolph Road, Silver Spring, MD 20902.

Total Amount Due: \$

☐ Master Card ☐ Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call 240-777-6840.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program.

Participant or Parent/Guardian Signature _____ Date _____